



DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

APPLICATION FOR MORTICIAN VIA WAIVER OF APPRENTICESHIP LICENSE

(Requirements per COMAR 10.29.09.04)

Included	Required Documents
<input type="checkbox"/>	Original certified transcript in Mortuary Science with graduation date
<input type="checkbox"/>	BOMFD Initial License Verification form from the State Board of initial licensure
<input type="checkbox"/>	Work verification letter from employer(s) on letterhead of five (5) uninterrupted years practicing Funeral Direction or Mortuary Science
<input type="checkbox"/>	Letter of Good Standing from any other state(s) where you are license to practice Mortuary Science or Funeral Service
<input type="checkbox"/>	Criminal history background check receipt (do not submit confidential results , which will be sent directly to the BOMFD)
<input type="checkbox"/>	FBI Privacy Act Acknowledgement form
<input type="checkbox"/>	Official National Board Exam Scores (Successfully Passed) sent directly to the BOMFD
<input type="checkbox"/>	Jurisprudence Exam – BOMFD (Successfully Passed)

In addition to the original, notarized application and \$600 non-refundable application fee (check or money order), the above documents are required for a Mortician via Waiver of Apprenticeship license and must be received THREE (3) weeks in advance of the scheduled Board Meeting for consideration.



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(Requirements per COMAR 10.29.09)

Please print clearly. All sections must be completed. Mortician licenses expire April 30th every two years. The non-refundable application fee is \$600. Please make checks or money orders payable to The Maryland Board of Morticians and Funeral Directors, 4201 Patterson Avenue, Baltimore, Maryland 21215.

NAME: _____

HOME ADDRESS: _____

MAILING ADDRESS: **(Please circle one):** HOME WORK

TELEPHONE NUMBER: HOME (____) _____ WORK: (____) _____ CELL (____) _____

SOCIAL SECURITY NO.: _____ BIRTH DATE: _____

(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

RACE **(Please circle all applicable; for statistical purposes only):**

1 – White 2 – African American 3 – American Indian 4 – Asian 5 – Hispanic 6 – Other

EMAIL ADDRESS: _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

EMPLOYER TELEPHONE NUMBER: _____

NAME OF MORTUARY COLLEGE: _____

DATE OF GRADUATION: _____ DEGREE TYPE RECEIVED: _____

DATE NATIONAL BOARD EXAM COMPLETED: _____

DATE MARYLAND JURISPRUDENCE (LAW) EXAM COMPLETED: _____

PROVIDE THE FOLLOWING INFORMATION FOR LICENSES HELD IN OTHER STATES (N/A):

STATE LICENSE NO. STATE LICENSE NO.

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FOR THE FOLLOWING, CHECK 'YES' OR 'NO' IN THE BOX NEXT TO EACH QUESTION. ATTACH A DETAILED EXPLANATION FOR EACH QUESTION ANSWERED 'YES'.

YES NO

- 1) Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession?
- 2) Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed services, denied your application for licensure, reinstatement or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment?
- 3) Have you surrendered or allowed your license to lapse while under investigation by a licensing or disciplinary board in any jurisdiction or an entity of the Armed Services?
- 4) Are you currently under investigation or have any complaints or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services?
- 5) Have you ever been convicted, pled guilty, or received probation before judgment of any criminal act or for driving while intoxicated, or for a controlled dangerous substance offense (excluding minor traffic violations)?
- 6) Have you been diagnosed with a physical or mental condition which may affect your ability to practice the profession of mortuary science?

Notice for Mailing List

The information collected on this application form is collected for the purposes of the Maryland Board of Morticians and Funeral Directors’ functions under Maryland Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Maryland State Government Code Annotated §10-617, the Board may provide, for a fee, a list of licensees’ names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

Notice

Maryland and Federal laws require that the Maryland Board of Morticians and Funeral Directors obtain the social security number or federal tax identification number of any person applying for a professional license for the following purposes:

- Administration of the Child Support Enforcement Program (Md. Code Ann., Family Law Article § 10-119.3).
- Identification by the Maryland Department of Assessments and Taxation of new businesses in the State (Md. Code Annotated, Health Occupations § 1-210).
- Comply with federal law which authorizes state governments to use or disclose Social Security numbers in connection with tax matters, including compliance with the payment of taxes (42 U.S.C.A. § 405(c)(2)(C)(i)).

The Board may permit inspection of this information only in accordance with State and federal law.

Applicant Signature

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. I understand that I must notify the Maryland Board of Morticians and Funeral Directors of a change of address, name, or employment within 30 days. I do solemnly swear to perform my duties in compliance with all laws, rules, and regulations of the Maryland State Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

Signature of Applicant*

Date

* requires notarization (next page)

NOTARIZATION

STATE: _____

CITY/COUNTY: _____

I HEREBY CERTIFY that on this _____ day of _____, 20_____, before me, a

Notary Public of the State and City/County aforesaid, personally appeared _____
Applicant

and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary

act and deed of _____.
Applicant

AS WITNESSETH my hand and Notarial Seal.

SEAL

Notary Public

My Commission Expires: _____



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INITIAL LICENSE VERIFICATION FORM

This form must be completed by the State Board of initial licensure and sent to The Maryland Board of Morticians and Funeral Directors, 4201 Patterson Avenue, Baltimore, Maryland 21215.

LICENSEE NAME: _____

TYPE OF LICENSE: _____ LICENSE NO: _____

DATE OF ORIGINAL ISSUE: _____

DATE OF MOST RECENT ISSUE: _____

HAS THE LICENSEE PRACTICED CONTINUOUSLY IN THE STATE FOR AT LEAST FIVE (5) YEARS PRECEDING THIS WAIVER REQUEST? YES NO

IS THIS LICENSEE CURRENTLY IN GOOD STANDING WITH YOUR STATE? YES NO

WHAT ARE YOUR STATE’S STANDARDS FOR A LICENSE?

____ HS DIPLOMA

____ AA/AS DEGREE

____ BA/BS DEGREE

____ MORTUARY SCIENCE DIPLOMA

NATIONAL CONFERENCE EXAMINATION SCORES? YES NO

APPRENTICESHIP HOURS REQUIRED BY STATE: _____

WILL YOUR STATE GRANT A SIMILAR WAIVER TO MARYLAND LICENSEES? YES NO

ON BEHALF OF THE STATE OF _____ FUNERAL SERVICE BOARD,
I CERTIFY THAT THE ABOVE STATEMENTS ARE CORRECT.

SIGNATURE OF AUTHORIZED OFFICIAL

DATE

PRINTED NAME AND TITLE OF AUTHORIZED OFFICIAL